	APPLICATION FOR RECORDS RETENTION SCHEDULE	Georgia Department of Labor Employment Security Agency Administrative Services Division Records Management and Controls

INSTRUCTIONS: The Records Management Officer of the Agency's Records Management and Controls Unit will be of assistance in completing this form. After Division Director/Designee has signed the form, forward original to Administrative Services Division, Records Management and Controls, 130 Memorial Drive, S. W., Atlanta, Georgia 30303. Attention: Records Management Officer

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date	Georgia Department of Labor U.I. Division Special Programs Payment Unit State Labor Building Atlanta, GA 30334	Application Number **80-309**
Application Number		Date Received JUL 1 6 1980	Date Completed AUG 1 3 1980

2. Person to Contact Wm. F. Reynolds **Working Title** Supervisor, S.P.P.U. **Telephone Number** 656-3074

3. Action Requested
a. ☒ Establish Retention Schedule; record will continue to accumulate.
b. ☐ Dispose of present accumulation; no further accumulation anticipated.
c. ☐ Amend Application No._____ Check One: ☐ Change; ☐ Supercede; ☐ Void

4. Dates of Series
Earliest: Jan. 1975 Latest: Present

5. Records Series Title (followed by title used in office; if different)
Replacement of lost, stolen, forged checks Request Files

6. Division and Office Function What is the function of the Division and the Office in which this record series is created?

The Special Programs Payment Unit receives initial enrollment forms and (in smaller benefit programs such as WIN, SUB, and TRA;) establishes a record for each individual participant receives and processes weekly requests for payment of allowances, wages, and work incentive to participants enrolled in related programs. Makes periodic audit and review of payment records to prevent duplication or overpayments.

7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.

Documents relating to: check recipient requests for reissuance of lost, stolen and/or forged checks.

Included are:
1) Signed and notorized affidavits from recipient attesting to checks being lost, stolen, and/or forged.
2) Correspondence from local Employment Security Offices

File is arranged: (check recipients) Alphabetically by last name

8. Monthly Reference Rate How often are records referred to which are:
One to six months old __10__ ; Seven to twelve months old __1__ ; Thirteen to twenty-four months old __1__ ;
twenty-five months and older __1__ ?

9. Annual Rate of Accumulation of Records
Letter-size drawers __.5__ ; Legal-size drawers _____ ; Shelves _____ ; Other (specify) _____

(Over)

ESA-144 (3/80)
(AR-50-71)

YES	NO	10. Questionnaire *(Place an "X" in the proper column)*
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. 41 CFR 29-70.203 b-1
X		c. Is this a vital record? substantiates reissuance
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series *(or a major portion of it)* regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements   The following requires the series to be kept:

				State/Federal	
a. State Law	_____ years.		d. Audit period	1/Indef. years.	
b. Statute of limitation	_____ years.		e. Administrative need	_____ years.	
c. Federal Law	_____ years.		f. Federal retention instructions	_____ years.	

Attach copy or excert of laws or regulations. Explain administrative need.

Hold in current file area one year, then transfer to State Records Center for

retention for four years ~~or~~ until audited.
              and

12. Approved Disposition Instructions   This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year;   ☒ Fiscal Year;   ☐ Other _____ then.

☒ Hold in the current files area _____ month(s) ___1___ year(s); then
☐ Transfer to local holding area; hold _____ year(s); then
☒ Transfer to State Records Center; hold ___4___ year(s) and until completion of State & Federal
☒ Destroy.   audits; then
☐ Transfer to State Archives for permanent retention.
☐ Other *(Specify)*

These instructions apply to all prior and future accumulations of the series.

Division Director/Designee *(Signature)*	Date	Records Management Officer *(Signature)*	
[signature] Freeman Kail	7/7/80	*William B. Johnson*	7/14/80
ESA Director *(Signature)*	Date	**Records Management Officer** *(Signature)*	Date
Walter Brown +1		*[signature]*	7/19/80

Recommendations in paragraph 12 are approved. *(If disapproved, attach letter of explanation.)*	State Records Committee *(Signature)*	
	State Auditor/Designee *[signature]*	8-6-80
	Secretary of State/Designee *Carroll Hart*	8-5-80
	Attorney General/Designee *[signature]*	8-13-80

(Reverse Side)